tied, if torn, then and there. The cyst is delivered like an ovarian tumour. The danger of hæmorrhage is reduced, and the operation is thus made extra-cervical. In this way I have removed very large cysts, which extended below the sternum and covered over the branches of the aorta, without the slightest fear. When the gland is allowed to fall back, and the situation of the cavity from which the cyst has been removed is seen, one is often amazed. In one case I could see all the large vessels pulsating behind the thin wall of the cavity, including innominate artery and transverse innominate vein. In some cases the bed in which the cyst lies is lined with huge tortuous veins, from which the cyst wall had been peeled off.

If there are several cysts, one can be reached through the bed of the other, and no fresh incision need be made in the gland tissue; this saves loss of blood, and lessens the danger of the operation. All bleeding points having been secured, the cavity is packed with iodoform gauze, the end of the strip being allowed to protrude from the lower angle of the wound. I formerly used a drainage-tube, but hæmorrhage is not uncommon when reaction takes place, and I have found that the only cases where this was alarming occurred when a drainage-tube had been used, or the wound closed completely. In no case where gauze was packed in was there any secondary hæmorrhage. The skin wound is sutured with horsehair and a sterilised gauze or cotton-wool dressing applied. At the point where the gauze protrudes a suture of silkworm-gut is introduced and left untied. Next day the wound is dressed, the gauze removed, and the opening closed with the silkworm-gut suture. I never wash out the cavity, or use water at all to wash the wound. A dry dressing is reapplied, and the patients are encouraged to get up and move about. By doing so I think they get better more quickly. The stitches are removed on the fifth or sixth day. Next day patient is discharged. My cases average six days in hospital. The pulse is often rapid, and the temperature may be high after operation; but if the wound looks normal I pay no attention to these symptoms, and they seem to have no injurious effects on convalescence.